

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

JUN 20. 2002

Full Legal Name of Service Provider: College of Southern Idaho

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 315 Falls Avenue, Twin Falls ID 83301

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Edit Szanto

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
College of Southern Idaho, Instructional Technology Center
315 Falls Avenue, Twin Falls ID 83301

Telephone Number of Designated Agent: (208)733-9554 Ext. 2163

Facsimile Number of Designated Agent: (208)736-4743 Attn: Edit Szanto

Email Address of Designated Agent: copyright@csi.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 06/07/02

Typed or Printed Name and Title: Edit Szanto, Instructional Technology Center Director

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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RECEIVED

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